

agents, antibiotic agents, anti-inflammatory drugs, autonomic nervous system agents and anti-glaucoma medications.

Although some of the agents mentioned are no longer available, the material contained in this book is sufficiently current and detailed enough to make it very useful to the clinician treating ocular disorders.

ROBERT E. CHRISTENSEN, M.D.

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MEDICAL NEUROLOGY—John Gilroy, M.D., F.R.C.P. (Can.), Professor of Neurology, Wayne State University School of Medicine; Attending Neurologist, Detroit General and Harper Hospitals, Detroit; and John Stirling Meyer, M.D., Professor and Chairman, Department of Neurology, Baylor College of Medicine; Chief, Department of Neurology, Methodist and Ben Taub Hospitals, Houston; formerly, Professor and Chairman, Department of Neurology, Wayne State University School of Medicine, Detroit; Instructor in Neurology, Harvard Medical School, Boston. The Macmillan Company, 866 Third Avenue, New York, N.Y. (10022), 1969, 720 pages, \$16.00.

This new textbook entitled *Medical Neurology* is written in very readable style and contains large amounts of information. Its discussion of etiology, clinical presentations, and pathology of the various disorders is concise. The main value of the book is that it concentrates more than any other textbook in the field of neurology on therapy. This is done very well on the main, though as always in a new book there are some defects. Thus when guanidine is discussed in the Eaton-Lambert syndrome the dosage is not mentioned. In the discussion of the syndrome of Gilles de la Tourette the value of Haldol® is not discussed. More attention is given to colloidal gold tests of the CSF than to electrophoresis.

Despite these and other similar minor defects, I consider this textbook to be a valuable addition to the neurologic literature—particularly valuable for students, medical residents, and internists. It is as up to date as one would expect of any textbook.

DONALD MACRAE, M.D.

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RECENT ADVANCES IN PAEDIATRIC SURGERY—2nd Edition—Edited by A. W. Wilkinson, Ch.M.Ed., F.R.C.S.Ed., F.R.C.S., Nuffield Professor of Paediatric Surgery, Institute of Child Health, University of London; Surgeon, The Hospital for Sick Children, London. Grune & Stratton, Inc., 381 Park Avenue South, New York City (10016), 1970, 280 pages, \$10.00.

The second edition of *Recent Advances in Paediatric Surgery* has 21 chapters containing the latest information on selected topics in pediatric surgery written by British and American specialists. The subjects presented in this book include: The incidence and clinical genetics of congenital heart malformations and skeletal anomalies; fetal surgery, including special problems that apply to various mammalian species; technical and metabolic care necessary for infants and children during general anesthesia and postoperatively; current concepts of anatomy and function of the muscles of the pelvic floor, anus, and lower urinary tract; important considerations required in radiologic and histologic diagnosis of Hirschsprung's disease; operative and functional complications following surgery for esophageal anomalies; special problems in the management of congenital diaphragmatic hernias and anterior abdominal wall defects; treatment of myelomeningocele and associated orthopedic and urologic problems; a critique of bladder outflow obstruction; and treatment of childhood malignancies. The last three chapters on electronic devices for bladder and bowel control, microtechniques in organ transplantation, and ultrasonic scanning of abdominal masses are presented as having possible future use in pediatric surgery.

This little book is easy to read, and each subject is

covered in a short, concise fashion. Much of the material is based on recent, original work and an excellent current bibliography accompanies each topic. This book lives up to its promise of presenting significant advances of the last five years, augments present texts on pediatric surgery, and is highly recommended for practicing pediatricians and pediatric surgeons. Each hospital that has pediatric surgical patients should have this book in its library.

ALFRED A. DELORIMIER, M.D.

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ON DEATH AND DYING—Elisabeth Kübler-Ross, M.D. The Macmillan Company, Collier-Macmillan Ltd., 866 Third Avenue, New York (10022), 1969, 260 pages, cloth-bound, \$6.95; paper-back, \$1.95.

Here is another book in a plethora of such during recent years on death and dying. There has been a literal renaissance of interest in this topic. Witness the following: (1) In the bibliography of this present volume alone, there are over 200 titles listed, and most were published since 1960. (2) All 50 states are considering legislation to declare a legal definition of death (with the double-edged intent of protecting patients while making it possible to secure more donor organs for transplantation). (3) A Foundation of Thanatology (603 West 160th Street, New York, New York 10032) has been established and publishes its own journal. (4) Recent interest in gerontology and the problem of overpopulation has naturally focused on death. (5) Many scientists and theologians consider medical practice biologically unsound if it seeks only to prolong life (especially by heroic means). Mueller recently stated in *Science*: "Could it be that the medical practitioners have distorted their humanitarian role in the prevention of death at any price, and have forgotten that death is a part of the cleansing process by which race is renewed?"¹

Still there is no science of death, and most physicians approach the problem guided by their own subjective and intuitive principles. Few physicians view death as an apotheosis, and most endure it as an exitus. Dr. Kübler-Ross reminds us that "Medical training has done little to acquaint its students with the management of dying." At some time or another, every physician, as he is left with the responsibility as executive on the dying scene, has wondered about its nature. In this frightening situation he must face honestly the problem of his own finiteness as he endures the frustration of not being able to turn aside the inevitable force of nature. These personal moments of authentic self-consciousness are not experienced without laboring against frustration and anxiety, but they are still our best teachers. Unfortunately, most physicians appear to avoid these emotionally demanding and insightful moments. They tend to make light of dying, and in so doing, rule out the needs of the patient. Thus the patient is isolated and can not realistically cooperate in the plans for his departure. In this iatrogenic oversight untold financial and legal problems originate.

A group of psychiatric residents (Langley Porter Neuropsychiatric Institute) recently organized a seminar called "The Force of Death." The word "force" was used because death is inevitable and because at every moment in the life continuum one is also dying. These residents had realized a deficiency in their approach to death and had never encountered instruction during their medical school or intern years. They realized that a full knowledge of the daily derivatives of this death force would be therapeutically useful as well as help them understand the nature of such aspects as helplessness, ag-

gression, provocativeness, anxiety, giving up, etc. During their review of the subject they discovered no helpful scientific treatises. The poets, of course, were the teachers, and two literary classics emerged as their final text: (1) the magnificent, dignified, and heroic death of Oedipus at Colonus and (2) the powerful description of the inner experience of dying—Tolstoy's *Ivan Ilych*.

In comparison to recent seminars and personal experiences, Dr. Kübler-Ross's book seems tepid and meek. True, she did not intend that it should be a scientific inquiry, a vigorous study, nor a textbook. Her purpose in writing the book was to focus on the dying person and let him become the teacher by telling his own story. Her hope was that she might provide a humanitarian perspective of the dying patient in a hospital setting. What emerged was a popular presentation. Witness the recent review in *Time*² and the picture-story presentation in *Life*.³ However, like all popular presentations, this one finds its level satisfying the curiosity of every man. Unfortunately, it offers little in the way of useful therapeutic principles for practicing physicians.

Dr. Kübler-Ross begins with the thesis that man's unconscious cannot recognize the actual limitness of his life, and he attributes death to external forces which attack him. Most of his rituals and practices concerning death, including those of the physician, originate in and are organized to control this fear. From this beginning, she finds, amplifies, and nicely illustrates what she characterizes as five phases of the dying sequence: (1) "Denial—'No it can't be.'" (2) "Anger—'Why me?'" (3) "Bargaining—'God may be more favorable if I ask nicely or promise to do better.'" (4) "Depression—that phase of the preparatory grief (grief of withdrawal from the world) correctly viewed as a positive step." (5) "Acceptance—'the final rest before the long journey.'" These stages are described, but not conceptualized, in terms of the identity of the patient. The reader is left with a naming but not an understanding. While this criticism may seem inconsequential, please understand that not all "death" is "terminal." Witness the fight for life sustained by hope and attention on the part of transplant patients. Here a "terminal" orientation is anti-therapeutic. These definitive sequences are followed by a discussion of hope, which is ever present, and the patient's family. There is a chapter called "Therapy," which attends briefly to the special needs of the dying patient, the benefit of interviews, and the positive, communicative meaning of silence.

The tone of the book is philosophical and she reinforces it by introducing each chapter with a verse from the poetry of Tagore, the Indian mystic and philosopher. Her own attitude is parental, and she employs the provocative interviewing technique, which has as its end a catharsis of troublesome problems. Old psychiatric clichés, such as "open up," "work through," and "focus-refocus," occur *ad nauseam*. In spite of her efforts, the relationship between physician and patient in these interviews remains "I am the physician" and "he is the patient," as contrasted to a relationship involving a full identification of encompassing concern, where there is no need for technique or role playing. The veteran physician senses throughout the text, and indeed wonders if it is not the reason for its presentation, that Dr. Kübler-Ross herself is struggling hard with her own role as a physician in a large, academic hospital and at the death bed. She is an honest writer and confirms this suspicion on page 71, where she truthfully writes about her experience with a provocative nun, herself a terminal patient, who asked Dr. Kübler-Ross to read her passages from the *Bible*: "I did not enjoy this assignment as I

found it somewhat peculiar and beyond the usual thing I was asked to do. I would have felt much more comfortable had she asked me for a back rub, emptying a night stool, etc. . . . I recalled the dreaded thought that some of my colleagues might come in and laugh at my new role, and I was relieved that no one entered the room during this 'session.'"

The method used for securing the patient data was a group interview process often using the two-way vision mirror. These interviews were tape recorded, and over one-third of the actual text of the book consists of a verbatim reproduction of those tapes. These reproductions are not exciting reading.

Her conclusion should be stimulating to growing physicians and most especially to the families of dying patients: The dying are all very much alive and accessible. They can profitably share and communicate their feelings and wishes about subjects which the family and physician avoid. Dr. Westerman* feels that too little is expected of these patients, and that while communication is better than isolation, the communication usually fails to offer what the patient needs most—a meaning for his life and his death.

Macmillan has done a fine job in producing this volume. The design is appealing, the type is superb, and the paper a soft, nonreflective variety. How I wish the editors had seen the necessity of including an index. A serious study presented without one almost certainly demeans itself. I wish further that Dr. Kübler-Ross would review, even briefly, the 200 articles in her bibliography and add some correlative comments from her own observations. That would be a real service!

My personal reaction to the book was indifference, but I have tried to live self-consciously, close to and honestly with death and its derivatives for over 30 years in all sorts of clinical and personal situations. I therefore asked two mature psychiatric residents,* who are spending a year in research on the human problems of kidney transplantation, and one sophomore medical student† to review the book for me. Although they thank Dr. Kübler-Ross for beginning the dialogue, they were not inspired by the book. They did not find it a volume they wished to study further or purchase for their own permanent libraries. We all agreed that it might be a useful volume for physicians and clergymen to have in their own office libraries so that the families of dying patients might profit from reading it.

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